BOYS & GIRLS CLUBS
OF SOUTH CENTRAL KANSAS

Group/Organization Volunteer Application

Email completed application to Addie Dulac: adulac@bgcsck.org.

Group/Organization Information

Group/Organization Name: _____ Date: _____

Primary Contact Full Name: _____
(first name, last name)

Phone: _____ Email _____

Project Proposal

Please note that all group projects must align with one or all of the Boys & Girls Clubs of South Central Kansas' priority outcomes: Academic Success, Good Character & Citizenship, and/or Healthy Lifestyles.

Choose Priority Outcome Area: ☐ Academic Success ☐ Good Character & Citizenship ☐ Healthy Lifestyles

How many individuals will accompany you for this project? _____

Please list the date(s) you would like to deliver your project: _____

Please give a detailed description of the project proposal. Submit any flyers, documents, or other marketing materials you may be using.

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How many individuals will accompany you for this project? _____

Disclaimer and Signature

I authorize the Boys & Girls Clubs of South Central Kansas to investigate all statements in this application and to secure any necessary information. We understand, as unpaid volunteers, that we volunteer our time and resources without compensation. I, group contact, hereby acknowledge that I have read and understand the proceeding statements and it is incumbent upon me to inform all group members of guidelines set forth by the Boys & Girls Clubs of South Central Kansas.

Signature of Group Contact: _____ Date: _____

*Qualified volunteer applicants receive consideration without discrimination based on age, sex, religion, marital status, race, color, creed, national origin, or disability.